

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00235853		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Impact Dialing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 21 / 2016</b>		
Mailing Address <b>400 SW 6th Ave Suite 800</b>			Amount <b>675.00</b>		
City <b>Portland</b>	State <b>OR</b>	Zip Code <b>97204</b>	Transaction ID : <b>D623142</b>		
Purpose of Expenditure <b>Telephone Calls</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 21 / 2016</b>		
Name of Federal Candidate <b>Hillary Rodham Clinton</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>SC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1909.24</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>675.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>675.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Mr. James Rinefierd</i>		[Electronically Filed]		Date MM / DD / YYYY <b>02 / 22 / 2016</b>	